

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000032553

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Entity Name:** ACROPOLIS ENTERPRISES, LLC

**Current Principal Place of Business:**

3217 MORCHESTER LANE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7758  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 20-0309620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STURGES, ERNEST W ESQ  
18501 MURDOCK CIRCLE, STE. 501  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK ANNIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ANNIS, MARK  
Address: PO BOX 7758  
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM  
Name: ANNIS, SOPHIA  
Address: PO BOX 7758  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK ANNIS

MGRM

10/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date